

## **Southwest Wisconsin Care Management Coalition Care Management & Quality Work Group Charter**

**NOTE:** *Responsibilities and activities of the Care Management/Quality Work Group are directly related to the CMO functions and where Care Management and ADRC functions intersect (enrollment/disenrollment). This work group is not responsible to address ADRC quality functions.*

**Charter:** Through participation by stakeholders from each partnering County:

1. To create a written plan including timelines and resources for the successful implementation of Care Management and Quality activities for the Southwest Wisconsin Care Management Coalition (SWCMC). Within this work plan, identify the decision making process including the scope of the Care Management and Quality Work Group to make decisions versus Governance, Boards, etc.
2. To develop consistent policies and procedures for Care Management and Quality activities for the SWCMC.
3. Develop a process to provide education to Care Management staff.
4. To oversee the implementation of policies and procedures for Care Management and Quality activities for the SWCMC.
5. Involve consumers/guardians and providers in planning and educational activities.

*Activities of Care Management and Quality Work Group includes, but is not limited to:*

### **Prior to Pre-enrollment:**

- Contact other Coalitions to identify what is being done regarding Care Management development
- Hire Care Managers giving 3.5 months lead time (hiring process & orientation)
- Develop and recommend methodology to create Care Management rate (this item has implications for the IT/Business Functions Work Group)
- Update Member Handbook to Coalition
- Identify policies/procedures and process regarding client records
- Prepare pre-enrollment packets
- Provide training to Care Managers (\* = before pre-enrollment begins)

### **IDEAL:** Create on-line training modules for Care Managers

- Pre-enrollment Process\*
- Enrollment/Disenrollment Procedures\*
- Functional Screen\*
- Financial Eligibility\*
- Member Rights/Responsibilities\*
- Outcome-Based Planning/person-centered planning\*
- Benefit Package\*
- Service Authorization/RAD\*
- Service Notification
- Notice of Action

- Grievance & Appeal
- Adverse Event/Critical Incident/Unexpected Death Reporting
- Risk Assessment/Reduction
- Services Coordinated through MA Fee for Service
- Prohibition of billing Members
- Documentation/Charting Requirements
- Advance Directives
- Active Listening
- Negotiation-Conflict Resolution
- MH-AODA expertise
- Choice in Family Care
- Develop and Agree on Quality expectations for Care Management to be written into contract language for Coalition
- Develop criteria for job descriptions – minimum standards for contract language
- Develop improved MCP tools-electronic (crosses over with Business Functions Work Group–IT Development)
- Update Policies & Procedures
  - Grievance and Appeal
  - Member Rights and Responsibilities
  - Advance Directives
  - Adverse Events/Critical Incidents/Unexpected Deaths
  - Provider Requests (Coordinate with Provider Network Wk Gp)
  - Provider Comments (Coordinate with Provider Network Wk Gp)
  - Member Choice of Care Managers
  - All Care Management Contractual Requirements
    - 3-day (contact)
    - Member Orientation
    - 10-day (initial ISP signed)
    - 30-day (health and social assessments)
    - 60-day (MCP – signed and implemented)
    - Care Management contacts
    - Six-month reviews
    - Annual reviews
    - ESS reviews
  - Seclusion and Restraint
  - Payments to Family Members
  - Payments made to Guardians
- Identify method to track all timelines (Crosses over with IT/Business Functions Work Group-IT Development)
- Identify necessary support functions (clerical) for care management activities
- Develop orientation process for Care Managers (existing and new)
- Develop 24-hour on-call system
- Implement Internal File Review Process (within three months of operations beginning)

**Following Pre-Enrollment:**

- Hire staff as enrollment requires at County level
- Development of Self-Directed Supports Options
- Document Quality Program
  - QA/QI Program Description
  - QA/QI Work Plan
  - QA/QI Annual Evaluation
- Coordination with Acute/Primary Care
  - Identify providers by County
  - MOU's with various Providers
  - Provide education about Family Care and interdisciplinary teams
- Identify policies/procedures and process regarding client records

**Membership:**

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**Product:** Comprehensive policies and procedures for Care Management and Quality activities for a new Care Management Organization that are implemented on a consistent basis as each new partnering County begins operation.

**Time Frame:** Initial Counties (Sauk and Green) to begin implementation in October, 2008 and January 2009 respectively.

Updated following 8-3-07 Coalition Phone Call

Charter approved 8-3-07. Any substantive changes to charter shall be presented to Governance Work Group for final approval.